

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	X					
3	X					
4	X					
5	X	X				
6	X	X				
7	X	X				
8	X	X				
9	X	X				
10	X	X				
11	X	X				
12	X	X				
13	X	X				
14	X	X				
15	X	X				
16	X	X				
17	X	X				
18	X	X				
19	X	X				
20	X	X				
21	1					
22	1					
23	1					
24	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

1	IND	DEP	1	IND	DEP	1	IND	DEP
51								
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TOTAL DEP.								
TOTAL CLAIMS								